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fi	ling sta	tus box. It mu	st agree v	with yo	ur fede	ral retur	n.		`			10110														
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- (OR Fede	eral Form 1040 s less than zer	A. Line 21	OR F	ederal F	orm 104	40. Line	37.	lf vour	r federa	al adius	sted aro	SS			7	Ш	Ι.		Т	Ш	١.			Ι.	
8 L	OUISI	ANA INCOME	- Print the	e amou	nt of inc	ome fro	m your	fede	ral ret	urn tha	at is tax	kable to	Louis	iana.			Ħ	= '	F	÷	Ħ	,	H	7	Ŧ	Ē
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9	redit(s). See inst	and/or federal uctions, page	casualty l	oss de	duction,	mark be	0X.		→							10	0A		, L			Ι,		Щ	╝.	. [0
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(of these	st mark one boxes			J use la	x due.	L		se ra	······	Sneet,	Line 2,	page	13.		14	В		, <u>L</u>			,	Ш	<u>ш</u>	╝.	. <u>L</u> º
4C ⁻	ΓΟΤΑL	NCOME TAX	AND CO	NSUM	ER USI	E TAX -	Add L	ines	14A a	and 14	B and	print th	e res	ult here	140	С	П	П.	Γ	Т	П				1	0
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Pi	rint your Social Security Number he	e						П			П	_	1	20
	15D AMOUNT OF CREDIT CARRIED FORWARI	D FROM 2004			15D		,	4	<u> </u>	,	4		<u>]</u> .	00
	15E AMOUNT PAID ON YOUR BEHALF BY A Conference of partnership	OMPOSITE PA	ARTNERSHIP FILING		15E		,	阜		,	다		<u>]</u> .	00
	15F AMOUNT OF ESTIMATED PAYMENTS FOR	R 2005			15F		,	 	븪	,	井	#	ļ.	00
	15G AMOUNT PAID WITH EXTENSION REQUE	∃ST			15G	出	,	井	붜	, ,	井	#].	00
	15H TOTAL REFUNDABLE CREDITS AND PAYM	MENTS - Add L	_ines 15A through 15€	3 and print the	result here. 15H		,	Щ	لل	,	Ц].	00
16	OVERPAYMENT – If Line 15H is equal to Line 14 If Line 15H is greater than Line 14C, then subtrated If Line 15H is less than Line 14C, enter zero, "0"	act Line 14C from	om Line 15H and print	the result here	e.		,,	Щ	Щ	,	Щ	Ţ].	00
17A	A AMOUNT OF LINE 16 YOU WISH TO CONTRIB	RUTE TO THE !	MILITARY FAMILY AS	SSISTANCE F	UND17A		,			,].	00
	3 AMOUNT OF LINE 16 YOU WISH TO DONATE T	TO VARIOUS C	CHARITIES					\prod	Ì		\prod	T	i,	00
	PRINT AMOUNT FROM LINE 6, SCHEDULE D-I							井	十	,	井	丰	1.	00
	AMOUNT OF LINE 16 YOU WISH TO CONTRIB		START PROGRAM		17C	닏	,	#	붜	,	#	#	ļ.	H
17D	O AMOUNT OF LINE 16 TO BE CREDITED TO 2006 (Subtract amounts entered on Line 17A through 17C)	INCOME TAX ン)		CREDIT	Ī17D		,	Щ	Ц	,	4		<u>]</u> .	00
18	SUBTOTAL - ADD LINES 17A THROUGH 17D.	. PRINT THE F	RESULT HERE		18		,			,	Ц].	00
19	AMOUNT OF LINE 16 TO BE REFUNDED TO YO (See mailing address below.) Subtract Line18 from	OU. om Line 16 and	print the result	REFUND)19		,			,].	00
20		n or equal to Lin	ne 14C, enter zero, "0.	D."			,			,		I].	00
21	ADDITIONAL DONATION TO THE MILITARY FA	MILY ASSISTA	ANCE FUND		21		,	Д		,	Д	丰	<u>]</u> .	00
22	INTEREST - From Line 5 of the Interest Calculation	ion Worksheet,	page 14		22		,	Щ	Щ	,	Ц	'].	00
23	DELINQUENT FILING PENALTY - From Line 7 of	f the Delinquen	t Filing Penalty Calcul	ation Workshe	et, page 14 23		,			,	Ц	l].	00
24	DELINQUENT PAYMENT PENALTY - From Line 7	7 of the Delinqu	ent Payment Penalty (Calculation, pag	.ge 14 24		,			,].	00
25	UNDERPAYMENT PENALTY - See instructions for						i	\prod	Ì		\sqcap	T	i,	00
26	and/or Form R-210NR. If you are a farmer, see in BALANCE DUE LOUISIANA - Add Lines 20 throu Louisiana Department of Revenue. Mail to P.O. For electronic payment options, see page 2. DO N	ugh 25. Make ch). Box 3550, Ba	check payable to: aton Rouge, LA 7082	21-3550.			,	芷	$\overline{\mathbb{I}}$,	苗	主	j.	00
	Mark this box if	an extension	n is attached and pla	lace extensio	on as first page	on of su	ihmii	tted for	m					
If I n	eclare that I have examined this return, and to the made a contribution to the START Savings Progra	ne best of my ki ram, I consent t	knowledge, it is true a that my Social Secur	and complete.	e. Declaration of p	paid pi he Lou	repa iisian	arer is ba	ased o	uder	nt Fina			
	order to properly identify the START Savings Pro	ogram Account	t Holder. If married fill	ling jointly, bu	oth Social Secur					omiti	ed.			\neg
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Spo	pouse's signature (If filing jointly, both must sign.)	Date	Spouse's occupation		Telephone number	r of paid	d prep	arer				Date		
	Area code and			Social Sec	urity Number,	PTIN		_	_		$\overline{}$	_	_	
	daytime elephone number. It may	1 - Iron W			PAID preparer		<u> </u>	Щ	لل		Ц		L	
۳	Please provide phone number. It may Individual Income Tax Re	-	ur retunu.		PAYMENTS TO:						UNDS		-	
	Calendar year return due 5/	['] 15/2006.		P. O	nent of Revenue D. Box 3550 ge, LA 70821-3				P. C	D. В	ox 344	evenue 40)821-34		
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•-			Routing	#	claimed			flag				664	41	
					سيب	l						00-	41	

Attach to return if completed.

	Print your Social Security Number	nere.							
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If you would like to make a donation(s), please complete the following schedule.

2005 DONATION SCHEDULE

SCHEDULE D-NR

Individuals who file an individual income tax return and have overpaid their tax may choose to donate all or part of their overpayment shown on Line 16 of Form IT-540B to the organizations listed below.

Print on I Form IT-54	Lines 1 through 5 the portion of your overpayment you wish to donate. The total on Line 6 cannot exceed 10B.	d the	amo	ount of t	he o	/erpa	ıymer	nt on	Line	9 16	of
1	WILDLIFE HABITAT AND NATURAL HERITAGE TRUST FUND			1	Ц	,					00
2	LOUISIANA CANCER TRUST FUND - PROSTATE CANCER			2	Ц	,		Ц		٠	00
3	LOUISIANA ANIMAL WELFARE COMMISSION			3	Ц	,		Ц			00
4	LOUISIANA HOUSING TRUST FUND			4	Ц	,					00
5	COMMUNITY BASED PRIMARY HEALTH CARE FUND			5	Ц	,		Ц			00
6	TOTAL DONATIONS - Add Lines 1 through 5. Print the result here and on Line 17B of Form IT-540B				Ш	,					00
200	5 REFUNDABLE TAX CREDITS			S	CH	E	DU	L		-1	<u>IR</u>
1	INVENTORY TAX CREDIT - See instructions, page 11.		,			,					00
2	AD VALOREM TAX CREDIT ON NATURAL GAS FACILITIES AND SERVICES - See instructions, page 11. 2		,			,					00
3	AD VALOREM TAX CREDIT FOR OFFSHORE VESSELS - See instructions, page 113	Ш	,			,					00
4	SOUND RECORDING INVESTMENT TAX CREDIT - See instructions, page 114	Ц	,	Щ	Ц	,			╛		00
5	CREDIT FOR PROPERTY TAXES PAID BY TELEPHONE COMPANIES - See instructions, page 115	Ц	,		Ц	,			_		00
6	PRISON INDUSTRY ENHANCEMENT PROGRAM CREDIT - See instructions, page 116	Ц	,		Ц	,			╛		00
7	URBAN REVITALIZATION - See instructions, page 11	Ц	,		Ц	9					00
8	OTHER REFUNDABLE CREDITS - See instructions, page 118	Ц	,		Ц	,	Ц	Ц	_	٠	00
9	TOTAL - Add Lines 1 through 8. Print the result here and on Line 15B of Form IT-540B9	Ш	,		Ш	,	Ш	Ш	╝		00
200	5 MODIFIED FEDERAL INCOME TAX INFORMATION			S	CH	Εľ	DU	LE	L	 -	IR
1	Enter the amount from Line 2A of the Federal Income Tax Deduction Computation Worksheet1										00
'	Enter the amount from Line 2A of the Federal Income fax Deduction Computation Worksheet	H	,		H	,	Ħ	Ħ	Ħ	ï	00
2	Enter the amount from Line 2B of the Federal Income Tax Deduction Computation Worksheet2	H	,		H	,	H	믬	4		00
3	Enter the amount from Line 5A of the Federal Income Tax Deduction Computation Worksheet3	Ц	,		Ш	,	Ш		_	٠ļ	00
4	Enter the amount from Line 7A of the Federal Income Tax Deduction Computation Worksheet4	Ц	,		Ш	,					00
5	Enter the amount from Line 8A of the Federal Income Tax Deduction Computation Worksheet5	Ш	,		Ц	,			╛		00
6	Enter the amount from Line 9A of the Federal Income Tax Deduction Computation Worksheet6	Ц	,		Ц	,			╛		00
7	Enter the amount from Line 11 of the Federal Income Tax Deduction Computation Worksheet7		,			,					00



Attach to return if completed. Print your Social Security Number here. SCHEDULE G-NF 2005 NONREFUNDABLE TAX CREDITS CREDIT FOR CERTAIN DISABILITIES - Mark an "X" in the appropriate box(es). Only one credit is allowed per person. See instructions, page 11, for definitions of these disabilities. **★1C** List dependent name(s) here. Mentally incapacitated Blind Deaf **1B** Spouse 1D Print the total number of qualifying individuals. 1C Dependent * Only one credit is allowed per person.1D 1E Multiply Line 1D by \$100 and print the result here. CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL INSTITUTIONS 2A Print the value of computer equipment donated. Attach Form R-3400. See instructions, page 11.2A Multiply Line 2A by 40% (.40) and print the result here. ______2B Round to nearest dollar. CREDIT FOR CERTAIN FEDERAL CREDITS 3B Multiply Line 3A by 10% (.10). Print the result or \$25, whichever is less. This line is limited to \$25 OTHER NONREFUNDABLE CREDITS SCHEDULE G - NR Enter credit description and associated code, along with dollar amount of credit claimed. CREDIT DESCRIPTION CODE AMOUNT OF CREDIT CLAIMED 2 5 1 **MOTION PICTURE INVESTMENTS** 00 9 Print the result here and enter this amount on Line 13A of Form IT-540B. Description Description Description Premium Tax 100 Qualified Playgrounds 150 New Markets 214 Motion Picture Resident 256 Commercial Fishing Debt Issuance Brownfields Investor Capital Company 105 155 216 257 Biomed/University Dedicated Research Family Responsibility 110 Atchafalaya Trace 200 220 300 Research Doctor/Dentist 115 Organ Donation 202 LCDFI Credit 222 Tax Equalization 305



120

125

130

135

140

Household Expense

Recycling Credit

Basic Skills Training

Vehicle Alternative Fuel

Previously Unemployed

204

206

208

210

212

Motion Picture Investment

Research and Development

Digital Interactive Media

Historic Structures

Commercialization

Technology

Bone Marrow

Bulletproof Vest

Law Enforcement Ed.

Nonviolent Offenders

First Time Drug Offenders

310

315

320

500

Manufacturing

Establishments

Enterprise Zone

Quality Jobs

Other

251

252

253

254

255